



**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)**

**WOOD COUNTY EMPLOYEES**

I hereby authorize Wood County to initiate credit entries

AND to initiate, if necessary, debit entries as adjustments for any credit entries sent in error,  
to my indicated account(s) and financial institution(s) named below:

(     ) Checking Account Amount: \$ \_\_\_\_\_ **(ATTACH VOIDED CHECK)**

(     ) Savings Account Amount: \$ \_\_\_\_\_ **(ATTACH VOIDED DEPOSIT SLIP)**

Name of Bank: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Bank Routing Number (9 digits): \_\_\_\_\_

My Account Number: \_\_\_\_\_

Name (Please print legibly): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH VOIDED CHECK OR SAVINGS DEPOSIT SLIP HERE**

*This authority is to remain in full force and effect until Wood County and said financial institution(s) have received written notification from me of its termination in such time and manner as to afford Wood County and said financial institution(s) reasonable opportunity to act on it.*